

Remittance Request Form

To request remittance information related to a recent payment, please complete this form and email it to Provider-AP@oppc.com.

Pharmacy Information

Provider Name _____

Current Enrollment Type (select one):

NCPDP _____

Chain _____

Contact Name _____

Contact Phone _____

Contact Email _____

Payment Information

Check Number _____

Issue date _____

Total Payment _____

If requesting remittance files for multiple payments, please include a spreadsheet with the payment information for each file.

After review, if OnePoint has determined the original remittance was provided at the time of payment, a fee may apply for each remittance file re-issue (835 or EOB).

